

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2900

12397

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death 20 daysHospital, institution, or street address where death occurred: Memorial HospitalHow long in hospital or institution? 20 days

3. (a) FULL NAME

Bessie Beckwith

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife —7. Birth date of deceased (mo., day, yr.) March 23, 18806. (c) If alive, give age 66 years

8. AGE: Years Months Days If less than one day

66

9

hrs. min.

9. Birthplace East New Market, Md.
(Town, county, and state)10. Usual occupation H.W.

11. Industry or business

12. Name Benjamin Harvey13. Birthplace Md.14. Maiden name Ellie Moore15. Birthplace Md.16. Informant Mrs. Wm. ScottAddress Hurlock Md.17. Burial Date thereof Dec 23, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Hurlock18. Funeral director G.B. WilpuzleyAddress Hurlock19. 12/22 1946 N.D. Neerinc
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2. (a) If veteran, name war —

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 19 46, at 12 44 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Dec 1946 to 21 Dec 1946 and that I last saw him alive on 20 Dec 1946Immediate cause of death Brain tumor

DURATION

?

Due to —Due to —Other conditions Subarachnoid hemorrhage

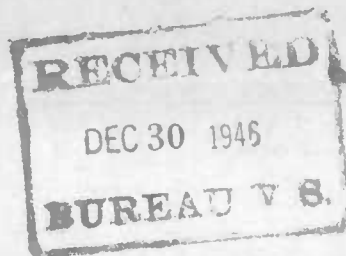
(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Thos. J. Harrison M. D. or otherAddress 214 E. Dover St. Canton Md. Date signed 21 Dec 46



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of date of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

12398

FILM No. I 08 DEC 13 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 1920

1. PLACE OF DEATH

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Affred Brown

Birth date of deceased (mo., day, yr.)

Jan 15, 1886

B. (c) If alive, give age..... years

68

8. AGE:

59

Years

Months

10

Days

21

If less than one day

hrs. min.

9. Birthplace

Baltimore

10. Usual occupation

house work

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or reposit. Which?)

Cemetery

Location

18. Funeral director

Address

19. Date

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 6 -

19

46

at

100

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

Dec 6 -

and that I last saw h. ex. alive on

Dec 27

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

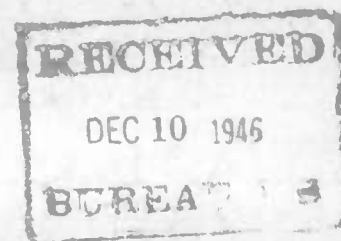
M. D. physician

Date signed

DURATION

10 years

10 years



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

12399

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Rural Eastern
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Rel.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot
 City or town Rural Eastern
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Norman Carpenter Jr.

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Rose Porttuga Carpenter
 6. (c) If alive, give age 20 years
 7. Birth date of deceased (mo., day, yr.) January 2, 1928
 8. AGE: Years 24 Months 11 Days 29 It less than one day _____ hrs. _____ min.

9. Birthplace Talbot County, Maryland
(Town, county, and state)10. Usual occupation Farmer & Teacher

11. Industry or business _____

12. Name Charles Norman Carpenter13. Birthplace Md.14. Maiden name Eda May Collins15. Birthplace Md.16. Informant Mr. C. Norman CarpenterAddress Eastern, Maryland17. Buried Date thereof Jan. 7, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Eastern, Maryland18. Funeral director Reli-CharAddress Eastern, Md.19. 1/1 47 N.H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31, 1946 at 1:58 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/7/1946 to 12/31/1946
 and that I last saw him alive on 12/31/1946

Immediate cause of death _____

DURATION

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations Colostomy done at majorHosp. Balt. Md. Date of op. Oct. 1946

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE P.B. Cox M. D. or otherAddress Eastern Md. Date signed 1-2-47

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JAN 6 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 41

CERTIFICATE OF DEATH

12400

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County TalbotCity or town Easton Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 38 daysHospital, institution, or street address where death occurred
Memorial HospitalHow long in hospital or institution? 38 days

3. (a) FULL NAME

Louise Coursey4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Mr. Medford Coursey7. Birth date of deceased (mo., day, yr.) Jan. 23, 18988. AGE: Years 48 Months 0 Days 0 If less than one day hrs. min.9. Birthplace Talbot Co. Md.
(Town, county, and state)10. Usual occupation H. W.

11. Industry or business

12. Name Clarence D. Altwater13. Birthplace Talbot Co. Md.14. Maiden name Bertie McNeal15. Birthplace Talbot Co. Md.16. Informant Mrs. Aurelia A. RogersAddress 0243 S. Salisbury Ave
Baltimore, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 12/31/46
(month) (day) (year)Cemetery or crematory Spring HillLocation Easton Md.18. Funeral director W. H. CoxAddress Easton Md.19. 12/28 19 46 N. H. Harris
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. 0
(If rural, give LOCATION)2. (a) If veteran, name War ✓

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 19 46 at 7:43 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 21 19 46 to Dec. 27 19 46
and that I last saw him alive on Dec 26 19 46Immediate cause of death ApoplexyDue to arteriosclerosisDue to ObesityOther conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. CoxAddress Easton Md. Date signed 12/28/46

RECEIVED

JAN 4 1947

BUREAU S.

2-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

12573

CERTIFICATE OF DEATH

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County..... Talbot
 City or town..... Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 20 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Md. County..... Talbot
 City or town..... Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Elizabeth D. Cox

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife

James D. Cox

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1878

8. AGE: Years Months Days If less than one day
68 10 21 hrs. min.

9. Birthplace Royal Oak Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name..... George T. Jackson
 13. Birthplace..... Talbot Co. Md.
 14. Maiden name..... Elvora Marshall
 15. Birthplace..... Talbot Co. Md.

16. Informant..... Mrs. Maurice E. Fox
 Address..... Easton, Md.

17. Burial Date thereof..... Dec 5, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Spring Hill
 Location..... Easton Md.

18. Funeral director..... Maurice E. Fox
 Address..... Easton, Md.

19. 12/3 46 D. H. Meeres
 (Date rec'd by registrar) 19..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec 21 19..... 46 at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 19..... 46, to..... 12/21 19..... 46.
 and that I last saw him..... alive on..... 12/21 19..... 46.

Immediate cause of death.....
Arterio-sclerotic Heart disease 6 mo
 Due to.....
 Due to.....
 Other conditions..... Diabetes mellitus 5 yrs
 (Include pregnancy within 8 months of death)

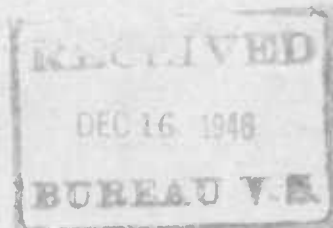
Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... 13 Cox MD M. D. or other
 Address..... Easton Md Date signed..... 12/15/46



2-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Dorchester
 City or town Charleston, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William Eugene Cox

3. (b) Social Security Number

4. Sex M 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Lillian Cox
 8.(c) If alive, give age 47 years
 7. Birth date of deceased (mo., day, yr.) Oct. 26, 1883

8. AGE: Years 43 Months 1 Days 11 It less than one day _____ hrs. _____ min.

9. Birthplace Charles Co. Md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Tireman (Railroad)

12. Name Charles E. Cox

13. Birthplace Charles Co. Md.

14. Maiden name Mary E. Lomas

15. Birthplace Charles Co. Md.

16. Informant Mr. Wm. Cox

Address Charleston, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof Nov 10, 1946
 (month) (day) (year)

Cemetery or crematory Stevensville

Location Stevensville, Md.

18. Funeral director Maurice E. Fayman, Son

Address Easton, Md.

19. 12/1/46 19 46 M.B. Neer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 19 46, at 5:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 19 45, to 19 46
 and that I last saw him alive on 19 46

Immediate cause of death Coronary Thrombosis DURATION 2 days

Due to Atherosclerosis 15 yrs.

Due to _____

Other conditions Hypertension 10 days

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE M.E. Palmer, M.D. M. D. or other _____

Address Easton, Md. Date signed 12/13/46

UNITED STATES DEPARTMENT OF JUSTICE

NO. 10, NO. 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

RECEIVED
DEC 17 1946
BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

12402

Reg. Dist. No. 2905

1. PLACE OF DEATH:

County Talbot Count
 City or town Easton Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md.
 How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Pennsylvania County
 City or town Philadelphia
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 219 South St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Warren Stuck Dunlap
 4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced married

3. (b) Social Security Number

6.(b) Name of husband or wife Mrs Dorothy Dunlap
 7. Birth date of deceased (mo., day, yr.) March 18, 1890
 6.(c) If alive, give age 30 years

8. AGE: Years 56 Months Days If less than one day hrs. min.

9. Birthplace Harrisburg, Pa.
 (Town, county, and state)

10. Usual occupation Engineer

11. Industry or business

FATHER 12. Name William Dunlap
 13. Birthplace Harrisburg, Pa.
 MOTHER 14. Maiden name Mary Stueker
 15. Birthplace Harrisburg,

16. Informant Mrs Mary Dunlap
 Address Philadelphia, Pa.

17. Burial Date thereof 12/10/46
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Harrisburg, Pa.
 Location Harrisburg, Pa.

18. Funeral director W. H. G. G. G.
 Address Easton, Md.

19. 12/19 19 46 N. A. Nevier
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8 19 46 at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 AM 19 46 to 8 AM 19 46
 and that I last saw him alive on 8 AM 19 46
 Immediate cause of death Cardiac failure

	DURATION
Due to <u>Myocardial infarction</u>	<u>1 day</u>
Due to <u>Coronary Artery</u>	<u>3 days</u>
Other conditions <u></u>	<u></u>

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Thos. Harrison M.D. M. D. or other Carbon
 Address Date signed 11 AM 46

RECEIVED
DEC 23 1946
BUREAU 18

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *32*

CERTIFICATE OF DEATH

Reg. Dist. No. *290*

1. PLACE OF DEATH:

County *Talbot*City or town *Easton*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

1000 Annapolis St

How long in hospital or institution?

3. (a) FULL NAME

Christy Ann Hindley

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Joseph Hindley

7. Birth date of

deceased (mo., day, yr.)

May 26, 1872

8. AGE:

Years *74*Months *6*Days *15*

If less than one day

.....hrs.min.

9. Birthplace

Canada

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Peter Simpson

13. Birthplace

Scotland

14. Maiden name

Jessie MacDonald

15. Birthplace

Scotland

16. Informant

Mrs John Conley

Address

*Seaford, Delaware*17. *Burial*

(Burial, cremation, or removal. Which?)

Date thereof

Dec 14, 1946

(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Maryland

18. Funeral director

Maurice E. Thompson, Inc.

Address

*Easton, Md.*19. *12/13*

(Date recd by registrar)

19. *46*19. *46**N. H. Neenan*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Talbot

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec 11, 1946* at *8:00 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1946 to *December 1946*and that I last saw him alive on *28 Nov 1946*

Immediate cause of death

*transverse myocardial infarction*Due to *Myocardial infarction**Cerebral vascular accident*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Phonetic Name M. D.

Address

*24 E. Ross St. Easton, Md.*Date signed *12/13/46*

RECEIVED

DEC 17 1946

BUREAU 3

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482

CERTIFICATE OF DEATH

Reg. Dist. No. 12404290

1. PLACE OF DEATH:

County Neelot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 52 da
 Hospital, institution, or street address where death occurred:
Mediastinal Hospital
 How long in hospital or institution? 52 d.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Neelot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Ada M. Ford

3. (b) Social Security Number

4. Sex 7 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Charles Ford

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Apr 21, 1870

8. AGE: Years 76 Months 8 Days 25 If less than one day _____ hrs. _____ min.

8. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation H.W.

11. Industry or business

12. Name Dr. Peyton Monicure

13. Birthplace Virginia

14. Maiden name Joanna Hughes

15. Birthplace Richmond Virginia

16. Informant Mrs. John Beal

Address Easton Md.

17. Buried Date thereof 12/30/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairfax, Va.

Location Fairfax, Va.

18. Funeral director W. H. Neirin

Address Easton Md.

19. 12/26 46 N.H. Neirin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1946, at 11:03 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1945, to December 26, 1946
 and that I last saw him alive on December 26, 1946

Immediate cause of death _____

Secondary carcinoma of lung

(Metastatic)

Due to Adenocarcinoma of Carcinoma

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations 1943 - Pancreatic

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. V. Palmer 47

M. D. or other _____

Address Easton Maryland Date signed 12/29/46

RECEIVED
JAN 6 1947
BUREAU 68

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH

2902
12405

1. PLACE OF DEATH:

(a) County Talbot
(b) City or town Easton
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
132 S. Higgins St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State md (b) County Talbot
(c) City or town Easton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 132 Higgins
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME

Mary Ellen Gless Gleaves

3 (b) If veteran, name war

3 (c) Social Security

No.

4. Sex

F.

5. Color or race

negro

6 (a) Single, married, widowed, or divorced.

widow

6 (b) Name of husband or wife

William Baker

6 (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 68 Months sept Days 25 If less than one day
hr. min.

9. Birthplace

Talbot Co.
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Unknown

MOTHER

FATHER

12. Name

Wm. G. Gleaves

13. Birthplace

Talbot Co.

14. Maiden Name

Unknown

15. Birthplace

Unknown

16 (a) Informant

Mrs. Mary Gleaves

(b) Address

407 S. South

17 (a) Burial

Burial

(b) Date thereof

12-24-46
(month) (day) (year)

(c) Cemetery or crematory

New Chapel
Location Talbot Co. Md.

18 (a) Funeral director

Leon W. Henry

(b) Address

310 South St. Easton

19 (a) Date rec'd by registrar

12/24/46

(b) Registrar

H. L. Neerues

MEDICAL CERTIFICATION

20. Date of death 12-21 1946, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____.

Immediate cause of death

Coronary occlusion

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

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Due to _____

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PHYSICIAN

Underline the cause to which death should be charged statistically.

Underline the cause to which death should be charged statistically.

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Underline the cause to which death should be charged statistically.

Underline the cause to which death should be charged statistically.

23. Signature

Louis J. McLaughlin

Easton Md

12-24-46

12-24-46

M. D. or other

Date signed 12-24-46

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1946

BUREAU V.S.

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12406

CERTIFICATE OF DEATH

Reg. Dist. No. 2910

1. PLACE OF DEATH:

County Talbot
 City or town Newport
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Talbot
 City or town Newport Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Olivia Hall, Mary Olivia

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Leri S. Hall
 7. Birth date of deceased (mo., day, yr.) Aug 23 1882 6. (c) If alive, give age 65 years
 8. AGE: Years 64 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace St. Michaels, Md
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Richard Hunt
 13. Birthplace St. Michaels, Md.

14. Maiden name Roseann Leonard
 15. Birthplace St. Michaels, Md

16. Informant Leri S. Hall
 Address St. Michaels, Md.

17. Burial Burial Date thereof Dec 18 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Springhill Cemetery
Easton Md.
 Location Newnam + Harrison

18. Funeral director St. Michaels, Md.
 Address

19. Jan 18 19 46 John H. H. H.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 December 19 46 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 December 19 41 to 15 December 19 46
 and that I last saw him alive on 15 December 19 46

Immediate cause of death Valvular disease, chronic
cardiac (mitral valve)

Due to _____

Due to _____

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE W. Perkins, M.D.

M. D. or other _____

Address Royal Oak, Md. Date signed 12/16

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 3 1947

BUREAU OF

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

Reg. Dist. No. 2810

1. PLACE OF DEATH:

County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Alexander C. Holland

3. (b) Social Security Number

217-03-1584

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Josephine Bailey6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.)

March 13, 1892

8. AGE:

Years

54

Months

9

Days

1

If less than one day

hrs. min.

9. Birthplace

Bayman Talbot Co. Md.
(Town, county, and state)
Waldenau

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Alexander Holland Sr.

13. Birthplace

Bayman

14. Maiden name

Reann R. Cole

15. Birthplace

Talbot Co. Md.

16. Informant

Josephine Holland

Address

St. Michaels, Md.

17.

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Cemetery

Location

Bayman Talbot Co. Md.

18. Funeral director

Newnam & Harrison

Address

St. Michaels, Md.

19.

(Date rec'd by registrar)

19 4619 46John FurusethFuneral

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 19 46 at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 5 19 46 to Dec 14 19 46and that I last saw him alive on Dec. 14 19 46

Immediate cause of death

Amputation of the foot DURATION 2 mo.

Due to

diabetes mellitus 1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Raymond T. Webb, M.D.
M. D. or other

Address

Gaston, Md. Date signed 12/16/46

RECEIVED

JAN 3 1947

BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1442

12408

CERTIFICATE OF DEATH

Reg. Dist. No. 2900

1. PLACE OF DEATH:
 County Talbot
 City or town Easton Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Longwoods
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME
Benlah Kellum

3. (b) Social Security Number

4. Sex F 5. Color or race B 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years 18 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation h.w.

11. Industry or business _____

MOTHER FATHER 12. Name Theodore Lee Cooper
 13. Birthplace Longwoods Md.

14. Maiden name Luna May Kellum
 15. Birthplace Longwoods Md.

16. Informant Sophie Gibson
 Address Longwoods Md.

17. Burial Burial Date thereof 12-9-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Richards
 Location Easton Md.

18. Funeral director Earl W. Stafford
 Address Easton Md.

19. 12/17 19 46 N. H. Harris
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 19 46 at 3:50 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 15 19 46 to December 6 19 46
 and that I last saw him alive on December 5 19 46

Immediate cause of death Toxemia of pregnancy
Endo-metritis

Due to _____
 Due to _____

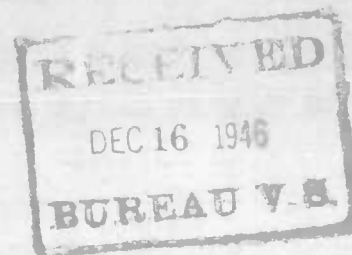
Other conditions Pregnancy external
 (Include pregnancy within 3 months of death)

Major findings of operations Right Acciput Hysteria
Manual Metter Strapped Date of op. 11-22-46

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE M. F. Buell M.D. M. D. or other _____
 Address Easton Md. Date signed Dec 6 46



2-38-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

 12409
 ★ Reg. Dist. No. 2810

1. PLACE OF DEATH:

County Talbot
 City or town St. Michaels.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 33 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Talbot
 City or town St. Michaels.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sallie B. Kimball
 4. Sex Female 5. Color or race white 8. (a) Single, married, widowed, or divorced widow
 6. (b) Name of husband or wife Charles E. Kimball
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Sept 2, 1857

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11, 1946 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11, 1946 and that I last saw him alive on Dec 1, 1946

Immediate cause of death Coronary Disease DURATION 5 min
 Due to Chronic Rheumatoid
 Due to Arteritis
 Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. None
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of ✓
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE P. B. Lewis, M.D. M. D. or other
of Michaels Date signed 12/12/46

8. AGE: Years 89 Months 2 Days 9 If less than one day hrs. min.
 9. Birthplace Jefferson Co. Ohio
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business
 12. Name Eugene J. Bayless
 13. Birthplace Harford Co. Md.
 14. Maiden name Maria B. Bayless
 15. Birthplace Brownsville Pa.
 16. Informant Mrs. Edith B. Holstein
 Address St. Michaels, Md
 17. Cremation Date thereof Dec 18, 1946
 (Rural, cremation, or removal: Which?) (month) (day) (year)
 Cemetery or crematory Landon Park
 Location Baltimore, Md.
 18. Funeral director Newman & Harrison
 Address St. Michaels, Md
 19. Dec 12, 1946 John Hurwiler
 (Date rec'd by registrar) Registrar

Nov 20 1929

RECEIVED

JAN 3 1947

BUREAU - 8

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(178-A)

CERTIFICATE OF DEATH

12410

Reg. Dist. No. 290

1. PLACE OF DEATH:

County SanctiCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 3 months

3. (a) FULL NAME

Willis Lane

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Willis Lane7. Birth date of deceased (mo., day, yr.) February 19, 1874

6. (c) If alive, give age, years

8. AGE: Years 72 Months 10 Days ✓ If less than one day
..... hrs. min.9. Birthplace Sancti Spiritus County, Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business John Beckwith12. Name John Beckwith13. Birthplace Sancti Spiritus14. Maiden name John Beckwith15. Birthplace Sancti Spiritus16. Informant Marion LaneAddress 119 South Lane, Easton, Md.17. Burial Date thereof Dec. 28, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director Robert H. NeerisAddress Easton, Md.19. 12/21 19 46 H. H. Neeris
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SanctiCity or town Easton St.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 19 46 at 5:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1931 19, to 12/19/1946
and that I last saw him alive on 12/1/1946 19 46Immediate cause of death Asphyxia (illuminating gas) DURATION 1 hourDue to Accident. Went to sleep with one burnerof stove turned on over

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Cop M. D. or otherAddress Easton, Md. Date signed 12/20/46

RECEIVED
DEC 24 1946
BUREAU V B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B9)

12411

CERTIFICATE OF DEATH

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County... TalbotCity or town... Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institutions or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

8 days 5 hrs

3. (a) FULL NAME

Bela Boy Murphy

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Dec. 6 - 46

5. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

185 hrs.

min.

9. Birthplace

Memorial Hospital, Easton, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Wade H. Murphy

13. Birthplace

Talbot, Md.

MOTHER

14. Maiden name

Mrs. William Leonard

15. Birthplace

Talbot, Md.

16. Informant

Address

Mrs. Wade Murphy
Talbot, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

12/24/46
(month) (day) (year)

Cemetery or crematory

Talbot

Location

Talbot, Md.

18. Funeral director

Address

J. Norman Manshall
St. Michaels, Md.

19.

(Date rec'd by registrar)

19

46N. B. Norris

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Talbot

City or town

Talbot, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name War

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 23 - 46

19

49 at 10:55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 6

19

46 to Dec. 23

19

46

and that I last saw him alive on

Dec. 23

19

46

Immediate cause of death

Congenital atelectasis

DURATION

17 da.

Due to

Prematurity (28 weeks)

Due to

Other conditions

Perinatal asphyxia, etc.7 da.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

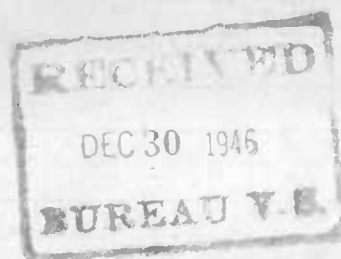
23. SIGNATURE

I. Glen Baker M.D.

M. D. or other

Address

Easton, Md.Date signed 12-24-46



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

12412

Reg. Dist. No.

2900

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot
 City or town Cordova, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Male 5. Color or race Black 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Annie Roberts
 6.(c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) Sept. 15 1870
 8. AGE: Years 76 Months 3 Days 12 If less than one day
 9. Birthplace Longwood, Md.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business Farmer

MOTHER FATHER
 12. Name James Parker
 13. Birthplace Longwood, Md.
 14. Maiden name Mary Mooney
 15. Birthplace Longwood Md.
 16. Informant Annie Parker
 Address Cordova, Md
 17. Burial Date thereof Dec. 30, 46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory New Chapel Cemetery
 Location Easton, Rural
 18. Funeral director John D. Williams
 Address Easton, Md.
 19. 12/29 19 46 N.H. Newlin
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 19 46 at 4:10 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 13 to Dec 27 19 46
 and that I last saw him alive on Dec 26 19 46
 Immediate cause of death Myocarditis, chronic DURATION 6 mos.
Arteriosclerosis 10 yrs.
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations no Date of op.
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide no Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE P. M. P. Starnes M.D. M. D. or other
 Address Easton Md Date signed 12-27-46

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JAN 4 1947
BUREAU of C.

2-38-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1062)

CERTIFICATE OF DEATH

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County Talbot
City or town Cordova
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Cordova
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Charlotte Pierce

3. (b) Social Security Number

4. Sex Female 5. Color or race negro 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife Mr. Samuel Pierce

7. Birth date of deceased (mo., day, yr.) unknown 6.(c) If alive, give age years

8. AGE: Years None Months None Days None If less than one day hrs. min.

9. Birthplace Talbot Co., Maryland
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business Stevens

12. Name Unknowville, Md.

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Spencer Pierce

16. Informant Cordova, Md.

17. Rural Date thereof Dec 23/46
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Old Chapel Cemetery

Location Cordova, Talbot Co., Md.

18. Funeral director Edith H. H. H.

Address Edith H. H. H.

19. 12/23 19 46 N. H. H. H.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 19 46 at 6 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 Dec. 20 19 46
and that I last saw h. er alive on Dec. 16 19 46

Immediate cause of death Leukemia

Due to

Due to

Other conditions Bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel H. H. H.

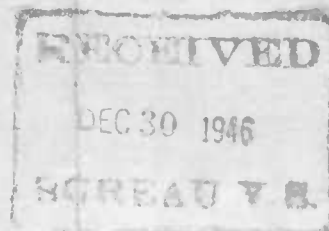
Address Samuel H. H. H. Date signed 12/23/46

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12413



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 722

CERTIFICATE OF DEATH

Dr. Bull 12414

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County Talbot
 City or town 406 South St. - Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 406 South St.
 (If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Mahe Beatrice Parnell

3. (b) Social Security Number

4. Sex

F.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Single

B. (b) Name of husband or wife

6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Aug 29, 1914

8. AGE:

Years

Months

Days

If less than one day

37317

hrs.

min.

9. Birthplace

Cecil County, Maryland
(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

FATHER

12. Name

John Henry Parnell
MD.

13. Birthplace

MOTHER

14. Maiden name

Mary Harris

15. Birthplace

MD.

16. Informant

Mary Parnell

Address

406 South St.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec 23, 1946
(month) (day) (year)

Cemetery or crematory

Richardson

Location

Easton, MD

18. Funeral director

Richardson

Address

Easton, MD19. 12/22

(Date rec'd by registrar)

19 46N. S. Neer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1946 at 69 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 14 1946 to Dec 21 1946and that I last saw him alive on Dec. 20 1946

Immediate cause of death

Cardiac fibrillation

DURATION

weeks

Due to

Chronic valvular heart disease
(9.2d)

yes

Due to

Other conditions

Kyphoscoliosis (1566)

yes

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

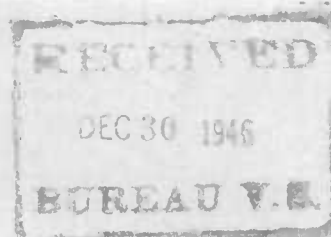
23. SIGNATURE

Monte F. Bull

M. D. or other

Address

Easton MD.Date signed 12-23-46



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

CERTIFICATE OF DEATH

12415

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth Cooper Reese

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife John J. Reese

7. Birth date of deceased (mo., day, year) August 16, 1861 6.(c) If alive, give age _____ years

8. AGE: Year 85 Month 4 Days 16 If less than one day _____ hrs. _____ min.

8. Birthplace Hannock, Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Elizabeth Cooper Reese

13. Birthplace Md. Easton

14. Maiden name Cooper

15. Birthplace Easton, Md.

16. Informant Cooper Reese

Address Easton, Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof Dec 26, 46
 (month) (day) (year)

Cemetery or crematory Green Hill

Location Easton, Md.

18. Funeral director Easton, Md.

Address Easton, Md.

19. 12/26 19 46 B. H. Meier
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 19 46 at 7:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 15 19 46 to Dec 24 19 46

and that I last saw him alive on December 23 19 46

Immediate cause of death _____ DURATION _____

Chronic Myocarditis year

Due to senility

Due to _____

Other conditions Refractory pulmonary year

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Walter F. Buell M. D. or other _____

Address Easton, Md. Date signed Dec 24, 46

RECEIVED

DEC 30 1946

BUREAU V.B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 2960

1. PLACE OF DEATH:

County *Sevier*City or town *Easton*

If outside city or town limits, write RURAL and give nearest town

How long in above place of death? *18 months*

Hospital, institution, or street address where death occurred:

How long on hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Sevier*City or town *Easton*

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Frederick Shortell

3. (b) Social Security Number

4. Sex *M*5. Color or race *W*6. (a) Single, married, widowed, or divorced *Married*6. (b) Name of husband or wife *Mary Magdeline (Burr)*7. Birth date of deceased (mo., day, yr.) *Dec 21, 1877*(c) If alive, give age *63* years8. AGE: Years *67* Months *0* Days *0* If less than one day

.....hrs.min.

9. Birthplace *Retired Farmer*

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name *Thomas Francis Shortell*13. Birthplace *Ireland*14. Maiden name *Rosalia Doeherty*15. Birthplace *Sevier*16. Informant *Lewis Shortell*Address *Easton, Md.*17. *Funeral* Date thereof *Dec 26, 1946*

(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory *Protestant Churchyard*Location *Near Easton*18. Funeral director *W. H. Clark*Address *Easton*19. *12/26* 19 *46* *T. R. Rees*

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec 23* 19 *46* at *9 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5 December 19 *46* to *23 Dec* 19 *46*and that I last saw him alive on *23 Dec* 19 *46*

Immediate cause of death

*Coronary occlusion &**cardiac failure*

Due to

Due to

Other conditions *Based on necropsy in**Report on card. & vascular disease*

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE *Thomas F. Harrison M.D.*Address *214 E. Rose St. Easton Md.* M. D. or otherDate signed *26 Dec 46*

RECEIVED
JAN 4 1947
BUREAU V S.

2-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1-7

CERTIFICATE OF DEATH

★ 12417
Reg. Diat. No. 2900

1. PLACE OF DEATH:

County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 37 months
Hospital, institution, or street address where death occurred:
800 South Aurora Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. 203 Greenwood Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Lucy Officer Stack

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Edward M. Stack

6. (c) If alive, give age. — years

7. Birth date of

deceased (mo., day, yr.)

August 9, 1865

8. AGE:

Years

81

Months

4

Days

6

If less than one day

hrs.

min.

9. Birthplace

Springfield, Illinois
(Town, county, and state)

10. Usual occupation

Unemployed

11. Industry or business

FATHER

12. Name

Robert Patterson Officer

13. Birthplace

Washington, Pennsylvania

MOTHER

14. Maiden name

Margaretta C. Huey

15. Birthplace

Washington, Pennsylvania

16. Informant

Alvin H. Stack

Address

2614 Sunset Drive, Tampa, Florida17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

December 17, 1946
(month) (day) (year)

Cemetery or crematory

West Creek Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frampton & Son

Address

Federalburg, Maryland19. 12/17

(Date rec'd by registrar)

1946N. H. Newberry

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1946 at 3:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1946 to Dec 1946
and that I last saw him alive on 14 Dec 1946

Immediate cause of death

Pneumonia

DURATION

(3)

Due to

Due to

Other conditions

Arteriosclerosis, general

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Thos. H. Harrison M.D.

M. D. or other

Address

217 E. Dove St. Easton

Date signed

17 Dec 46

RECEIVED

DEC 23 1946

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 2900

CERTIFICATE OF DEATH

12418

1. PLACE OF DEATH:

(a) County Talbot
 (b) City or town Miles River
 (If outside city or town limits, write RURAL and give town)
 (c) Street address, hospital, or institution: Easton Rd. #1
 (d) Length of stay in hospital or inst. (yrs., mos., or days) _____
 (e) Length of stay in this community (yrs., mos., or days) 30 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Talbot
 (c) City or town Miles River
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. _____ (If rural give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

3 (a) FULL NAME

William Henry Warner

3 (b) If veteran, name war

3 (c) Social Security

No. none

4. Sex

m

5. Color or race

Negro

6 (a) Single, married, widowed, or divorced.

Married

6 (b) Name of husband or wife Annie Warner

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.)

1898

8. AGE:

Years

Months

Days

If less than one day

58

17

2

hr.

min.

9. Birthplace Trappe Md. Talbot Co.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

none

MOTHER FATHER

12. Name

Charlie Paase

13. Birthplace

Offord Md. Talbot Co.

14. Maiden Name

Rosie McGeator

15. Birthplace

Trappe Talbot Co.

16 (a) Informant

Annie Warner

(b) Address

Miles River Md.

17 (a)

Dec. 6, 1946

(b) Date thereof

12-6-46

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

Easton Md.

Location

Hammond Lane Rd.

18 (a) Funeral director

Leon W. Henry

(b) Address

310 South St. Easton

19 (a)

12/5/46

(b)

W. H. Henry

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 2 1946, at 80 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1946 to Dec 2 1946 and that I last saw him alive on Dec 2 1946.

Immediate cause of death

Subacute Pneumonia

Due to

Sularemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____

(Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature W. J. Buell M.D.

M. D. or other

Address Easton Md

Date signed 12-3-46

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1946
BUREAU V.B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

124119

Reg. Dist. No. 2910

1. PLACE OF DEATH:

County TalbotCity or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

J. Edward Watkins

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Ella Virginia Watkins

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 8, 1855

8. AGE: Years Months Days If less than one day

914.......... hrs. min.9. Birthplace St. Michaels Talbot Md.

(Town, county, and state)

10. Usual occupation Oyster Packer

11. Industry or business

12. Name James B. Watkins13. Birthplace St. Michaels, Md.14. Maiden name Sara Kirby15. Birthplace St. Michaels, Md.16. Informant Dora W. RadcliffeAddress St. Michaels, Md.17. Burial Date thereof 12/30/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Olivet CemeteryLocation St. Michaels, Md.18. Funeral director J. Norman MarshallAddress St. Michaels, Md.19. Dec 30 19 46 John H. W. W. W.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 Dec. 19 46 at 0215A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw him/her on Dead on Arrival 19.....Immediate cause of death Cardiacfailure

DURATION

Due to Age

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Herbert MorrisonAddress St. Michaels, Md. Date signed 29 Dec. 46

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

NEW YORK

NOTATION OF DEATH

RECEIVED
JAN 3 1947
BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

Reg. Dist. No. 12420 1946

1. PLACE OF DEATH:

County Talbot (Rural)
 City or town Trappe
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 100 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Trappe
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George Albert Whiteley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Anna F. Whiteley

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1874 6.(c) If alive, give age 70 years

8. AGE: Years 72 Months 8 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Northchester Co. Maryland
 (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business John Whiteley

12. Name John Whiteley

13. Birthplace Northchester Co. Md.

14. Maiden name Mary Elizabeth Smith

15. Birthplace Northchester Co. Md.

16. Informant John Whiteley

Address Brucodde Rd.

17. (Burial, cremation, or removal, Which?) Burial Date thereon Dec 9, 1946

Cemetery or crematory Trappe Hill Talbot Co.

Location Talbot Co.

18. Funeral director Maurice E. Newman

Address Easton Md.

19. Dec 10 - 46 Joseph R. Ross Registrar
 (Date rec'd by registrar) 19 46

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7, 1946 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1945 to Dec 7, 1946

and that I last saw him alive on Dec 6 - 1946

Immediate cause of death Cardiac decompensation

Due to Chronic myocarditis

Other conditions Diabetes - Arthritis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

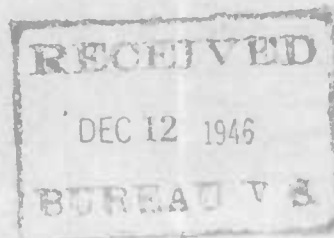
23. SIGNATURE Joseph R. Ross M. D. or other _____

Address Trappe Md. Date signed 12/10/46

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